~									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR									10 19/3/7,844					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			13,	minus 2	20= *				X\$ 9=		ОП	X\$18≈		
INDEPENDENT CLAIMS			<u>+</u>	minus	3 = *				X39=		OR	X78≈	78	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	, , ,		
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL		OR	TOTAL	X3X		
CLAIMS AS AMENDED - PART II							_				OTHER			
	2/3	(Colui			_	mn 2) HEST	(Column 3)	. F	MALL	ENTITY	OR	SMALL		
AMENDMENT A		REMA AFT AMENO	INING ER		NUN PREVI	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	1_	Minus	** 2		= /		X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* E	NOE MI	Minus	*** >	T CLAIM	- -		X39=		OR	X78=		
BEST AVAILABLE COPY								' ;	-130=		OR	+260=		
								AD.	TOTAL		OR	TOTAL ADDIT, FEE		
人	ب3.04		mn 1)			ımn 2)	(Column 3)							
AMENDMENT B		REMA AF	IIMS INING TER OMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus	** *	29	-	;	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* 3	N OF MI	Minus	*** *	TCI AIM	= (/		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								' [,	130=		OR	+260=		
								AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 2) (Column 3)														
AMENDMENT C		REMA AF	IMS INING TER OMENT		NUM PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDV	Total	. 18	<u> </u>	Minus	** 6	20	= (,	X\$ 9=	-	OR	X\$18=		
AME	Independent	* 3	N OE M	Minus	***	H CI AIM	=		X39=		OR	X78=		
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=		
** 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	j.	
	it the "Highest Nur The "Highest Num								DIT. FEE in the ap	propriate box	in col	umn 1.		